

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

206
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 12/9/97

REG
1981194

1. NAME PICKERING KENNETH E.
Last First MI

2. BUSINESS PHONE (504) 581-1222
Area Code and Phone Number

3. BUSINESS ADDRESS 301 MAGAZINE ST., NEW ORLEANS, LA 70130
Street and No. City State Zip

4. EMPLOYER SAME

5. EMPLOYER'S ADDRESS SAME
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name ☒ LOUISIANA FINANCE ASSOCIATION

Address 11918 BRICKSOME AVE., SUITE A, P.O. BOX 40183, BATON ROUGE, LA 70835

Business or purpose FINANCE

Does this person pay you? YES

If No, who pays you? _____

2. Name ☒ LOUISIANA CONSUMER FINANCE ASSOCIATION

Address POST OFFICE BOX 15121, BATON ROUGE, LA 70895

Business or purpose FINANCE

Does this person pay you? YES

If No, who pays you? _____

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3. Name CRESCENT CITY CONNECTION DIV. DEPT. OF TRANSPORTATION & DEVELOPMENT

Address POST OFFICE BOX 6297, NEW ORLEANS, LA 70174

Business or purpose BRIDGE (CCC)

Does this person pay you? YES

If No, who pays you? _____

4. Name COMMUNITY BANKERS OF LOUISIANA

Address POST OFFICE BOX 44352, CAPITOL STATION, BATON ROUGE, LA 70804

Business or purpose BANKING

Does this person pay you? YES

If No, who pays you? _____

5. Name _____

Address _____

Business or purpose _____

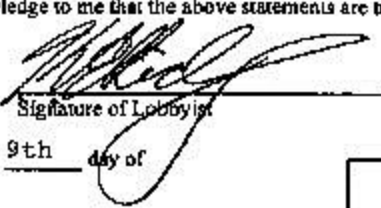
Does this person pay you? _____

If No, who pays you? _____

State of LOUISIANA

Parish of ORLEANS

Before me, the undersigned authority, personally came and appeared KENNETH E. PICKERING, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.


Signature of Lobbyist

Sworn to and subscribed before me on this 9th day of DECEMBER, 1997.


Notary Public

Rev. 8/97

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

